

to determine the functional health status of patients who had undergone the procedure.

**Methods:** The study included 189 patients undergoing the procedure between 1983 and 2010, 78 females and 111 males (mean age 8.39 years). A child health questionnaire CHQ-PF50© was filled in by the parents. The scores were transformed into a 0–100 scale and divided into physical and psychosocial functioning. Data was collected by reviewing hospital records and analysis carried out with the JMP statistical software.

**Results:** The group of respondents was 25 out of 100, out of which 15 identified patients. 14 patients from the whole cohort were deceased. The highest score of the physical (PhS) functioning: 76.27, the psychosocial (PsS) functioning: 62.44. The lowest score for the PhS was 16.03 and for PsS 11.43. Mean score for PhS was 40.05 and for PsS 47.34. The median years after the Fontan operation: 3.6 years and the median age: 4.4 years. The results show the mean PhS being below the average for the general U.S. population while just below the average in PsS.

**Conclusions:** The functional health outcome of patients after the Fontan operation is below the average in a physical aspect and just below the average psychosocially.

Considering it is a complex congenital heart disease this might be what can be expected from these individuals.

**Keywords:** Cardiac surgery, Single ventricle, Fontan procedure, Functional health outcome

#### ENDOSCOPIC PALLIATION OF MALIGNANT BILIARY OBSTRUCTION. ARE METAL STENTS WORTH THE COST?

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**Introduction:** This study was designed to determine whether the use of plastic stents should be abandoned on the basis of effectiveness and cost.

**Method:** The records of all patients with malignant biliary obstruction, who underwent ERBD at Southport Hospital between 2005 and 2010, were reviewed. Patients with non malignant biliary obstruction, obstruction due to other primary malignancies and those lost to follow up were excluded. The incidence of complications, patency rates, readmissions and time spent in hospital were recorded. Cost was calculated from NHS tariff of ERCP + plastic stent at £835 and metal stent at £1496.

**Results:** 49 patients were included. M:F 27:22. Median age 77 years (range 59–96). 46 patients had plastic stents and 3 had metal stents inserted. Diagnoses – pancreatic carcinoma (36), cholangiocarcinoma (8), ampullary carcinoma (5). Median bilirubin at time of first ERCP – 301  $\mu\text{mol/L}$  (range 62–759).

There were no immediate procedure-related complications.

Eight patients (17%) represented with blocked plastic stents at a median time of 80 days (range 3–280). Of these, 6 patients had a plastic and one had a metal stent re-inserted.

If primary treatment had been with metal stents then the cost would have been £73,304. Allowing for readmissions and stent changes, total cost for the plastic stent group was £47,301, a saving of £26,003.

**Conclusion:** Plastic stents provide long-term palliation of ERBD for the majority of patients and should be accepted as first line treatment. The cost of primary treatment with metal stents cannot be justified.

#### QUALITY OF LIFE AFTER THERAPEUTIC MAMMOPLASTY

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**Aims:** Therapeutic mammoplasty (TM) is increasingly used to treat breast tumours where breast size allows; no data exists for subsequent Quality of Life (QoL). This pilot study assessed QoL to provide evidence for TM as an appropriate technique.

**Methods:** A QoL questionnaire was employed incorporating six validated tools including the European Organisation for Research and Treatment of Cancer QoL questionnaire for breast cancer, on patients undergoing TM from 2006 to 2010. Cosmesis was judged by medical and non-medical personnel.

**Results:** 46 patients (average BMI 30 kg/m<sup>2</sup> (range 23–40)), underwent TM, 96% for malignancy. Preoperative estimated breast volume was 226–2592 cm<sup>3</sup> (mean 1061 cm<sup>3</sup>), predicted percentage resection 0.8–35%

(mean 10%); ultimate average resection was 258 g (36–1067 g). Complications predominantly fat necrosis, occurred in 24%, five patients required completion mastectomy, 96% received adjuvant radiotherapy.

QoL scores ( $n=36$ ) were excellent with a mean of 73% [95% CI 68–78], psychosexual function subset scored highest (83%). Mean cosmesis score was 67% [95% CI 61–73], comparable with previously reported data. QoL increased by 14% from 6 months to 3 years despite 10% cosmesis decline.

**Conclusion:** This study suggests good sustained QoL after TM, supporting its use in selected patients. Mastectomy may not be avoided and counselling should reflect this.

#### LONG TERM OUTCOMES OF CYCLODIODE THERAPY FOR RAISED INTRAOCULAR PRESSURE AT A UK TEACHING HOSPITAL

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**Aim:** The main aims of this study were to investigate the dose-response relation of the cyclodiode treatment and to evaluate possible predictive factors that would help establish optimum parameters. The outcomes of the procedure were evaluated both post-operatively and through long-term follow-up.

**Methods:** A retrospective review of 87 patients who underwent trans-scleral diode laser cyclophotocoagulation procedure from 2004 through 2011.

**Results:** Mean intraocular pressure (IOP) decreased significantly from 39.54 mmHg (SE 1.26) before cyclodiode therapy to 17.83 mmHg (SE 1.51) post-treatment, a reduction of 45.09% ( $p < 0.0001$ ). This was measured at 6 weeks and maintained for 3 years. Pressure reduction of >30% of initial IOP was achieved in 72.34% of the patients. This was greater (80.3%) in the group receiving extensive treatment (90J). In addition, a significant proportion of the patients that underwent cyclodiode therapy (63.45%) decreased their number of IOP lowering medications postoperatively from 2.56 to 1.59. Hypotony occurred in 5.31% of patients, predominantly in patients receiving extensive treatment (90–120J), however none of the patients developed further complications or required enucleation. Neo-vascular glaucoma was a significant risk factor. Visual acuity (VA) remained unchanged or improved for the majority of the patients undergoing a cyclodiode procedure (83.55%) and was maintained long-term.

**Conclusion:** Cyclodiode therapy is a highly effective method for achieving reduction of Intraocular Pressure and long-term maintenance of Visual Acuity in patients with glaucoma.

#### A MULTICENTRE NATIONAL AUDIT OF THE RECORDING OF PATIENTS WEIGHT: IMPLICATIONS FOR THE PRESCRIPTION OF GENTAMICIN AND THERAPEUTIC-DOSE LOW MOLECULAR WEIGHT HEPARIN

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**Objectives:** Identify the percentage of patients being weighed in hospital and the proportion of these prescribed gentamicin or therapeutic dose low molecular weight heparin (t-LMWH).

**Design:** Retrospective review of drug charts and bedside notes of all secondary care hospital inpatients across 5 wards; 2 medical, 2 surgery and 1 paediatrics chosen at random in 11 hospitals in England and Wales.

**Results:** A total of 48.5% (515/1061) of hospital inpatients had their weight recorded (paediatric wards 98% (77/78), adult wards 45.8% (438/983)). The range of recording between hospitals was 23.0% and 93.3%. In total 113 patients audited were receiving either Gentamicin or t-LMWH; 65.2% (73/113) of which had a recorded weight. Of those receiving t-LMWH: 74.2% (49/66) were weighed vs 56.6% (30/53) of those receiving Gentamicin. There was large variation between hospitals in recording weight of patients receiving Gentamicin or t-LMWH, 25.0%–100% (1/4–6/6).

**Conclusions:** Over half of the inpatients are not being weighed in hospital, falling short of NICE and DoH guideline to weigh all hospital patients. This failure leaves patients at risk of undetected malnutrition, which increases the risk of mortality, post-operative complications and lengthened hospital stays. Furthermore, patient on drugs requiring a weight specific dose, are at greater risk of severe side effects or subtherapeutic drug